1	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
IVAIVIL	NICKNAME LAST	SUFFIX	Date Received City Clerk
4 CANDIDATE/	Prather  ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	OCT 4 2010
OFFICEHOLDER MAILING ADDRESS	400 Browne Terrace	,	City of San Marcos  Date Hand-delivered or Date Postmarked
Change of Address	San Marcos, TX 7866		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5Q) 749-7311	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST	Mi	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 1506 S. TH-35 San Marcos, TX 76	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 944-2544	EXTENSION	
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	11 /02 /2010 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	NIA	City Cource	cil, Place 2
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Cod	le	
additional pages	NIA		
	GO TO PAG	3E 2	

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

0011011	a rotal		OOVER OHEET TO Z	
15 C/OH NAME	Jude Pr	ather	16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOT	MADE BY POLITICAL COMMITTEES TO SUPPORT THE INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TOT ACCIDED ADDRESS		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,620.00	
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$			AIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,414.05	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SQUARE \$ 2,244.95			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
19 AFFIDAVIT				
	SHELLEY GOODW	is true and correct and includes a me under Title 15, Election Code.	of perjury, that the accompanying report	
	MY COMMISSION EXI October 26, 2013	THE'S SOME THE	ndidate or Officeholder	
		•		
AFFIX NOTARY STAME  Sworn₄ to and subs		ne, by the said <u>Jude Prathe</u>	this the	
4th day	- 1 1	-30 10	my hand and seal of office.	
Signature of officer admin	Stering geth	Printed name of officer administering oath	Notory 400/1C Title of officer administering oath	
2.3			ride of officer administering oath	

#### POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME -3 ACCOUNT # (Ethics Commission Filers) Jude Prather 5 Full name of contributor Out-of-state PAC (ID#: 4 Date 7 Amount of 8 In-kind contribution SIII 2010 6 Contributor address; City; State; Zip Code Hoo Browne Terrace description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Dan West Contributor address; City; State; Zip Code \$ 1500.00 913/2010 803 Indiana St. San Marcos, 74 78666 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) toreign Wars State Off veterans of Full name of contributor ut-of-state PAC (ID#: In-kind contribution Bob Elder Contributor address; City; State; Zip Code contribution (\$) description (if applicable) 913/2010 100 Lei surewoods Dr. Buda, TY 786W Principal occupation / Job title (See Instructions) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Texas Veterans Commission Full name of contributor \_\_\_\_ out-of-state PAC (ID#: Date Amount of in-kind contribution Terry Nichols Contributor address; City; State; Zip Code contribution (\$) description (if applicable) 91312010 2713 Handler Hollow Sun marcos, 74 78666 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Texas State 1 Full name of contributor Date Amount of In-kind contribution contribution (\$) description (if applicable) Dwayne Thomason Contributor address; City; State; Zip Code 189 E. Sierra Cir San Harcos, TX 78666

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Principal occupation / Job title (See Instructions)

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

PLEDGED CONTRIBUTIONS SCHEDULE B				
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Sche	dule B:
2 FILER NAME	ude Prather		3 ACCOUNT # (Eth	nics Commission Filers)
<b>4</b> TOT.	AL OF UNITEMIZED PLEDGES: ⇔ □	⇒ ⇔ ⇔	$\Rightarrow \Rightarrow$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
91312010	Pledgor address; City; State; Zip Code 2515 MISSUM Pointe Son Marcos, TX 78666		# (00 ° og	
10 Principal occu		Employer (See in		Texas, complete Schedule T)
Ste	rdent			
Date 91312010	Full name of pledgor out-of-state PAC (ID#	Suite Zo	Amount of pledge (\$)	In-kind description (if applicable)
	AUSTIN, TX 78747  pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Date 91312010	Full name of piedgor out-of-state PAC (ID#:  Cary Tucker  Pledgor address; City; State; Zip Code  PO Box 1429  San Marcos, TX 78666		Amount of pledge (\$)	In-kind description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Br	aker			
Date 9.13120VD	Full name of pledgor out-of-state PAC (ID#:	Suite A.	Amount of pledge (\$)	In-kind description (if applicable)  Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ins	structions)	
1312010	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	San Marcos, TX 78660 ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES OF TI			equirements.

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Jude Prather		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/14/2010	6 Contributor address; City; State; Zip Code アン Box いる		\$ 200.00	 
	Sun Marcos, TX 78666		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	8
Date	Full name of contributor Unit-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
91412010	Contributor address; City; State; Zip Code 102 Wonder World Dr.		\$ 50.00	
	Sun Marcos, Tx 78666	,	(If travel outside of	of Texas, complete Schedule T)
Principal occup Rec	pation / Job title (See Instructions) WESTURE I Broker	Employer (See I	nstructions)  McNwbb	Real Estate L
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/14/2010	Contributor address; City; State; Zip Code PO BOX 2229 Sun Marcos, TX 78666		21/00.00	 
			<u> </u>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
911412010	Contributor address; City; State; Zip Code		\$ 50,00	 
	Sun Marcos, TX 78666			l of Texas, complete Schedule T)
	e Builder	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/14/2010	Susan airford Narva Contributor address; City; State; Zip Code 1507 Parkview La	iiZ	contribution (\$)	description (if applicable)
	San Marcos, Tx 78666			l 
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	siness owner			

#### SCHEDULE A

OTTL	THAN PLEDGES OR LOAI	<b>10</b>		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Jude Prather		3 ACCOUNT # (E	thics Commission Filers)
4 Date 9/14/2010	5 Full name of contributor out-of-state PAC (ID#:  Chris Jones  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Sun marcos, TX 78666		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions) tate Unive	215:44
Date	Full name of contributor out-of-state PAC (ID#_  SHele Sames  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/4120	315 Yale St.	,	\$ 10.00	  -
	San Marcos, TX 78660	e	(If travel outside o	l of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See )	Instructions) YERGINS COMM	nission
Date	Full name of contributor  out-of-state PAC (ID#_  Kathy Morris  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
91231200	333 Cheatham St.		al 150, <sup>20</sup>	 
	Scen Marcus, TX 78666	,	(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/2010	130 Belvin St.	· /	100,00	 
Principal occup	San Marcos, TV 7860 Dation / Job title (See Instructions)	e <i>lo</i> Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
912312010	Contributor address; City; State; Zip Code  17309 Shris Trail  Austin ITX 78717		\$ 50° 33°	 
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	C Drsign			
•	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Jude Prather		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9123/2010	6 Contributor address; City; State; Zip Code 911 Corporate Dr.		\$ 350,°°	 
	San Murus, TX 78666			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions) Propertie	<i>S</i>
Date	Full name of contributor out-of-state PAC (ID#_  Chris Carson  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23/2010	911 corporate Dr.		\$ 150,00	
	San Marcos, TX 78666	n		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	. '	investments
Date	Full name of contributor out-of-state PAC (ID#_ Reagan Lehmann	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9123/2010	Contributor address; City; State; Zip Code  All Curporcate Dr.		\$250.00	
	San Marcostx 78666		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions) af Partne	ಸ
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
101412010	Contributor address; City; State; Zip Code		S. M.00	
Principal occup	San Marcos, TX 78666 pation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T)
		Silver Whish	cers Produ	ctions
Date 1014 12010	Full name of contributor out-of-state PAC (ID#_ BUCKY COUCH Contributor address; City; State; Zip Code 203 Sicra Ridge		Amount of contribution (\$)	In-kind contribution description (if applicable)
	203 Sierra Ridge San Marcos, TX 78666			
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
***************************************		,		

P.O. Box 12070

#### SCHEDULE A

OTTER THAN I LEBOLO OR LOANS					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	Jude Prather		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
1014/2012	Robert Reyes 6 Contributor address; City; State; Zip Code 3409 Trickling Springs	Way	3/00'm	   	
	14109erville, 14 +866	<i>ن</i> ن	(If travel outside	l of Texas, complete Schedule T)	
	nation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
101412010	Contributor address; City; State; Zip Code		@ 100,00		
	San Marcus, TX 78666		(If travel outside o	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		 		
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **POLITICAL EXPENDITURES**

# SCHEDULE F

	EXPENDITURE	CATEGORIES FOR	R BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contrac	t Labor Loan	Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising B	Expense Trans	sportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ributions/Donations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District	_	andidate/Officeholder/Political Committee
1 665	<del>-</del> -	Office Overhead/Rental		ER (enter a category not listed above)
	The Instruction Guide	explains now to comp	nete this form.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	Tude traff	res		
4 Date	5 Payee name			
813012010	W. 12.16			
6 Amount (\$)	7 Payee address; City; Stat	te: Zip Code		
<b>σ</b> Amount (φ)	7 Fayee address, City, Star	.e, Zip Code		
Sp. 20				
~66.38	500 m = 00	ty 10661		
	San Marcos,	17 0666	December 115	
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule) (D)	Description (If trave	el outside of Texas, complete Schedule T)
EXPENDITURE	Other (campaign	make (1)	Lancel	_
	Candidate / Officeholder name		Office sought	Series In Italia
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		(	Office sought	Office held
expenditure to benefit of				
Date	Payee name			
A 2	Yargon	Printing	X .	
9/17/2010			)	
Amount (\$)	Payee address; City; Stat	e; Zip Code		
	2001 W Koem	-1-		
1010,47				
	AUSLIN, TX78	756		
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If trave	loutside of Texas, complete Schedule T)
OF	0 - 1			1-1 .7
EXPENDITURE	Trinting Expense	_   Q	ush car	ds/marker
Complete ONLY if direct	Candidate / Officeholder name	Č	Office sought	Office held
expenditure to benefit C/C	DH .			
D-4-	Payao nama			
Date	Payee name Well5	-		
712012010	Wells 1	14190		
Amount (\$)	Payee address; City; State	e; Zip Code		
<b>6</b>				
\$ 12.50				
17 0	San marcos, T	X +8666		
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If travel	outside of Texas, complete Schedule T)
OF		_		
EXPENDITURE	Accounting / Bank	ina K	bonk Fe	Le.
Complete ONLY if direct	Candidate / Officeholder name	<del>")</del>	ffice sought	Office held
expenditure to benefit C/C	ЭН		•	
Date	Payee name			
912412010	DCC CO	0001t		
Amount (\$)	Payee address; City; State	Zin Code		
Amount (\$)	rayee address, City, State	e; Zip Code		
82-08				
*3t.89	San mach ====	+v 7266	1-	
	July Mar Cosy	TX +866		
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel	outside of Texas, complete Schedule T)
OF EXPENDITURE	OH oclowers	(m) = 1   D	)~~ I.	ا مانم
most mistoria Olivia	Other (Campaign 5	upres)   t	MOTION	Supplies
Complete ONLY if direct	Candidate / Officehölder name	Of	ffice sought	Office held
expenditure to benefit C/C	OH .			
	ATTACH ADDITIONAL COL	PIES OF THIS SCHE	DULEAS NEED	FD

# **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

	FXPENDITURE	CATEGORIES FOR BOX	R(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related E Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittee
	<del>*</del> '	e explains how to complete thi		,
4 T-1-1 Cobadula Fi				-la- <b>-</b> [la]
1 Total pages Schedule F:	2 FILER NAME Jude, Prath	vec	3 ACCOUNT # (Ethics Commiss	sion Filers)
4 Date 9128/2010	5 Payee name McCoy	>		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
\$11.36	San Marcas	TX 78666		
8 PURPOSE	(a) Category (See categories listed at the top		tion (If travel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Other (campaign		ties for signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office so	ought Office held	]
Date	Payee name			
9/30/2010	1 Phino (350	up hics		
Amount (\$)		ate; Zip Code		
9119,00	San Marcos,	TX 78666		
PURPOSE	Category (See categories listed at the top		tion (if travel outside of Texas, complete Schedule	T)
OF	DV C.	Campo	<u>ተ</u> ጀር,	
EXPENDITURE	Otter Countries p		ohirts	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office so	ought Office held	
Date	Payee name			
10/01/2010	DECICO	Dant		
10/01/2010 Amount (\$)	Payee address; City; Sta	ate; Zip Code		*
Amount (\$)	rayee address, City, Sta	ate, Zip Code		
17.31	San Marcos	TX 78666		
PURPOSE	Category (See categories listed at the top	o of this schedule) Descrip	tion (If travel outside of Texas, complete Schedule	T)
OF EXPENDITURE	OH -	C.110	10 -01506	
	Only Control of the C	Laupa	ign supplies	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office so	ought Office held	
Date	Payee name			
101041200	Rhinn	(accobing		
Amount (\$)	Payee address; City; Sta	ate: Zin Code		
7 anount (4)	i ayoo adarooo,	ato, Lip odd		
119.15	San Marcos	TX 78666		
PURPOSE	Category (See categories listed at the top	of this schedule) Descrip	tion (If travel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Other (campaign	Merterial) for	shirts	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ought Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE	AS NEEDED	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

# **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this	(
1 Total pages Schedule G:	2 FILER NAME Jude Prati	her	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/02/2010	5 Payee name	nting	
6 Amount (\$)	7 Payee address; City; Sta	nte; Zip Code	
Reimbursement from political contributions intended	2001 W Kuening Austin TX TY	1-n 87-56	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descripti	ion (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other (campaign	supplies) Push	carde
Date	Payee name	-	
Amount (\$)	Payee address; City; Stat	te; Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) Description	On (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; Stat	te; Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State	e; Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule) Description	on (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS	NEEDED